## Form **8871**(July 2000)

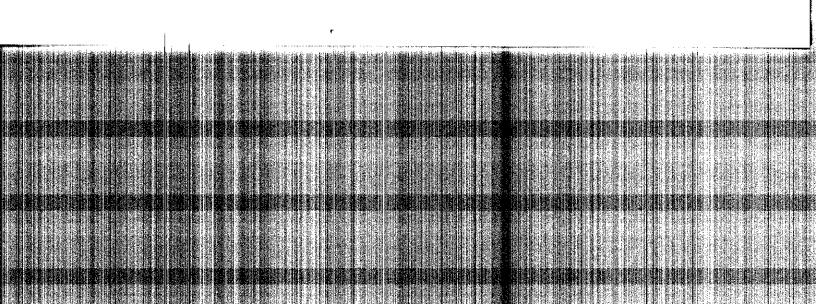
For Paperwork Reduction Act Notice, see page 4.

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

Part I General Information	<del></del>	<del>-,, , ,</del>			
1 Name of organization				Employer identification number	
	LL FOR S			911 2066464	
P. O. BOX 4075	, street, and roo	om or suite nui	nber)		
City or town, state, and ZIP code				, , , , , , , , , , , , , , , , , , , ,	
ST. JOHNSBURY, VT	05819				
F-mail address of organization MGH@SOVER.NET					
WILLIAM L. MERROW		4b Custodian's address 79 ADAMS DR ST. JOHNSBURY, VT 05819			
SAME					
				***************************************	
Business address of organization (if or	fifferent from m	ailing address	shown above). Number, street	, and room or suite number	
City or town, state, and ZIP code					
art II Purpose					
Describe the purpose of the organiza	tion				
bescribe the purpose of the organiza		ΙΤΙΟΔΙ	COMMITTEE TO E	LECT JOHN HALL AS	
VERMONIT STATE AUDIT	OP OF A	COUNTS			
VERMONT STATE AUDIT	OK OI A	CCOONTS			
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Part III List of All Related En	lities (see in	etructione)	· · · · · · · · · · · · · · · · · · ·		
a Name of related entity	8b Relation		8c Address		
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Cat. No. 30405V

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Part IV		<b>Directors, and Highly Communication</b> 9b Title	ompensated Employees (see instructions) 9c Address	
9a Name		30 Tide	SC Address	
	•		10 MT PLEASANT ST	
JOHN	S. HALL	CANDIDATE	ST. JOHNSBURY, VT 05819	
		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	31. OUTHOUGHT, VI U30-19	
			70 ADAMS DD	
LITER	T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		79 ADAMS DR.	
WILL	IAM L. MERROW	TREAS.	ST. JOHNSBURY, VT 05819	
	•		5.78 SUMMER ST.	
MARTH	HA HANSON	COORDINATOR	ST. JOHNSBURY, VT 05819	
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	Under penalties of peggry, I de	eclare that the organization named	in Part I is to be treated as an organization described in section 527 occumpanying schedules and statements, and to the best of my knowled	of the Interna Ige and belief
	it is true, correct, and complete		1	_
	1, 111/2, 10		$d_{\alpha}/\alpha$	
Sign	1 WWWI]	11/1/1/1/	Y/9/08	
Here	Signature of authorized	official	y //Date	
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